

Requirements for a Commercial Building Permit

1. Application for Building Permit with Owner's Authorization in triplicate.
2. Proposed Site Plan (2 copies) to include:
 - a. Zoning data (including FAR).
 - b. Percentage of lot coverage.
 - c. Setbacks to all property lines.
 - d. Parking calculations.
 - e. Topography of site (if more than 1 foot of fill is brought in, a full permit is required).
 - f. Locations of trees within property to be removed.
3. Construction drawings (2 copies) - Site plan must be on page 1.
4. Existing survey of property (2 copies).
5. Mechanical Drawings (2 Copies).
6. Application for Plumbing Permit (if applicable) must be filed with application. Plumber's name and license number required.
7. Contractor's name, address, telephone, and certificate of insurance.
8. Curb Cut Permit from Highway Department (if applicable). State, County, Town (5 copies of Site Plan with drainage and curb cut).
9. Soil Bearing Value Report.
10. Letter of Supervision by architect or engineer (from 10,000 sq. ft.).
11. Statement as to quality of structural steel (from steel fabricator).
12. Permit Fee.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED FOR FILING.

- Approval from local Water Districts also required.

NOTICE: Article 1, Section 2-9.A of the Code of the Town of North Hempstead states as follows: No person, firm or corporation shall commence the alteration of any lot or parcel, including the erection, construction, enlargement, alteration, removal, improvement, demolition or conversion of any building or structure or tree, or part thereof, or change the nature of the occupancy of any building or structure or cause the same to be done or the removal of trees without first filing with the Building Commissioner an application for such removal, construction, alteration, moving or demolition or installation of elevator, heating or heat-producing appliance or equipment, other than ordinary stoves or ranges, and obtaining a permit, except that no permit shall be required for the performance of ordinary repairs which are not structural in nature.

Appendix C**State Environmental Quality Review****SHORT ENVIRONMENTAL ASSESSMENT FORM****For UNLISTED ACTIONS Only****PART I - PROJECT INFORMATION (To be completed by Applicant or Project Sponsor)**

1. APPLICANT/SPONSOR	2. PROJECT NAME
3. PROJECT LOCATION: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Municipality _____ County _____ </div>	
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map) <div style="height: 60px; border: 1px solid black; margin-top: 5px;"></div>	
5. PROPOSED ACTION IS: <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> New <input type="checkbox"/> Expansion <input type="checkbox"/> Modification/alteration </div>	
6. DESCRIBE PROJECT BRIEFLY: <div style="height: 60px; border: 1px solid black; margin-top: 5px;"></div>	
7. AMOUNT OF LAND AFFECTED: Initially _____ acres Ultimately _____ acres	
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS? <div style="display: flex; margin-top: 5px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No If No, describe briefly </div>	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park/Forest/Open Space <input type="checkbox"/> Other </div> Describe: _____	
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)? <div style="display: flex; margin-top: 5px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list agency(s) name and permit/approvals: </div>	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <div style="display: flex; margin-top: 5px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list agency(s) name and permit/approvals: </div>	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? <div style="display: flex; margin-top: 5px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Applicant/sponsor name: _____ Date: _____ </div> <div style="margin-top: 5px;"> Signature: _____ </div>	

If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment

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PART II - IMPACT ASSESSMENT (To be completed by Lead Agency)

A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.4? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, coordinate the review process and use the FULL EAF.
B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR, PART 617.6? If No, a negative declaration may be superseded by another involved agency. <input type="checkbox"/> Yes <input type="checkbox"/> No	
C. COULD ACTION RESULT IN ANY ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible)	
C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic pattern, solid waste production or disposal, potential for erosion, drainage or flooding problems? Explain briefly:	
C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly:	
C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly:	
C4. A community's existing plans or goals as officially adopted, or a change in use or intensity of use of land or other natural resources? Explain briefly:	
C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly:	
C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly:	
C7. Other impacts (including changes in use of either quantity or type of energy)? Explain briefly:	
D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CRITICAL ENVIRONMENTAL AREA (CEA)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain briefly:	
E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain briefly:	

PART III - DETERMINATION OF SIGNIFICANCE (To be completed by Agency)

INSTRUCTIONS: For each adverse effect identified above, determine whether it is substantial, large, important or otherwise significant. Each effect should be assessed in connection with its (a) setting (i.e. urban or rural); (b) probability of occurring; (c) duration; (d) irreversibility; (e) geographic scope; and (f) magnitude. If necessary, add attachments or reference supporting materials. Ensure that explanations contain sufficient detail to show that all relevant adverse impacts have been identified and adequately addressed. If question D of Part II was checked yes, the determination of significance must evaluate the potential impact of the proposed action on the environmental characteristics of the CEA.

<input type="checkbox"/> Check this box if you have identified one or more potentially large or significant adverse impacts which MAY occur. Then proceed directly to the FULL EAF and/or prepare a positive declaration.	
<input type="checkbox"/> Check this box if you have determined, based on the information and analysis above and any supporting documentation, that the proposed action WILL NOT result in any significant adverse environmental impacts AND provide, on attachments as necessary, the reasons supporting this determination.	
_____ Name of Lead Agency	_____ Date
_____ Print or Type Name of Responsible Officer in Lead Agency	_____ Title of Responsible Officer
_____ Signature of Responsible Officer in Lead Agency	_____ Signature of Preparer (If different from responsible officer)

Town of North Hempstead

Department of Building Safety, Inspection & Enforcement

210 Plandome Road, Manhasset, NY 11030-2326 • Tel. 516-869-6311 • Fax 516-869-7662

www.northhempsteadny.gov

APPLICATION FOR COMMERCIAL BUILDING PERMIT

Issued pursuant to the Building Zone Ordinance and the Administration and Enforcement Ordinance of the Code of the Town of North Hempstead

Application #: _____ Permit #: _____ Certificate #: _____

PLEASE FILL OUT IN TRIPLICATE COMPLETELY AND TYPE OR PRINT LEGIBLY

New Construction [] Addition / Renovation [] General [] Core & Shell [] **Tenant Improvement** []

Section: _____ Block: _____ Lot(s): _____ Date: _____

Owner's Information:

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Telephone Phone: () _____

Applicant's Information:

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Telephone Phone: () _____

Address of Permit Activity:

Address: _____ City: _____

State: _____ Zip Code: _____ Telephone Phone: () _____

Location of Permit Activity:

_____ Feet, N S E W (check one) of _____

Description of work:

Area of Work (SF): _____ Construction Cost Rate: _____ Permitting Cost of Construction: _____

Environmental Disclosure:

Is the premises presently under the supervisory authority, control, oversight of any State or Federal Agency or required to comply with conditions established by such agency as result of environmental conditions? Yes [] No []

Zoning: Zoning District: _____ Verified by: _____ Lot Area (SF) _____

Max. Permitted Coverage (SF): _____ Proposed Coverage (SF): _____

Max. Permitted Coverage (%): _____ Proposed Coverage (%): _____

Max. Permitted Floor Area (SF): _____ Proposed Floor Area (SF): _____

Max. Permitted Floor Area Ratio: _____ Proposed Floor Area Ratio: _____

Front Yard: Required: _____ Provided: _____ Rear Yard: Required: _____ Provided: _____

Avg. Front Yard Setback (Properties Within 200 Feet): _____ Aggregate Side Yard: Required: _____ Provided: _____

Side Yard 1: Required: _____ Provided: _____ Side Yard 2: Required: _____ Provided: _____

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Architect /Engineer:

Last Name: _____ First Name: _____ Middle Initial: _____ License #: _____

Street Address: _____ City: _____

City: _____ State: _____ Zip: _____ Telephone Phone #: () _____

Contractor:

Last Name: _____ First Name: _____ Middle Initial: _____ License #: _____

Street Address: _____ City: _____

City: _____ State: _____ Zip: _____ Telephone Phone #: () _____

Electrician:

Last Name: _____ First Name: _____ Middle Initial: _____ License #: _____

Street Address: _____ City: _____

City: _____ State: _____ Zip: _____ Telephone Phone #: () _____

Plumber:

Last Name: _____ First Name: _____ Middle Initial: _____ License #: _____

Street Address: _____ City: _____

City: _____ State: _____ Zip: _____ Telephone Phone #: () _____

NOT VALID UNLESS STAMPED HERE

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OWNER'S AFFIRMATION FORM

I (we) hereby certify that:

1. I (we) agree to permit the Building/Plumbing Inspector and any officer or employee of the Town of North Hempstead (Inspector) to enter upon the premises in the discharge of their duties with this application.
2. Approved plans and a copy of the approved permit shall remain on the premises at all times until a Certificate of Occupancy / Completion / Approval / Existing Use is issued. These plans will be made available to the Inspector upon request. Should these plans not be available when the Inspector requests such plans, the inspector may stop work until the plans are made available.
3. Owner or his representative shall be responsible to arrange for all required inspections.
4. The Inspector shall be given a minimum **forty-eight (48) hours notice** to make the required inspection and no work shall continue without written authorization until such inspection has been completed and approved.
5. Owner or his representative shall be responsible for the presence of the appropriate to arrange for the required inspection as directed by the Building Inspector.
6. Permit shall expire three (3) months from the date of issuance unless construction is in progress. No work is to be started until permit has been received and posted by the owner / applicant.
7. Work shall be permitted between the hours of 7:30 AM and 6:00 PM, Monday through Friday only.
8. Occupancy or Use of the premises without first obtaining all applicable Certificates of Occupancy, Completion or Approval is unlawful and may subject the owner of the premises to the penalties described in the Code of the Town of North Hempstead.
State of New York }
County of Nassau }

Please print - (property in name of): _____ depose and says that
he/she resides at (current mailing address) _____ in that State
of _____, that he/she is the owner in fee of all certain lots, parcels of land shown on the attached survey Section:
_____, Block: _____, Lot(s): _____, situated, lying and being within the unincorporated area of the
Town of North Hempstead; that I / We have read and understand items one (1) through eight (8) as herein stated, recognize
that I / We is or are responsible for all activities occurring on the property, and that failure to comply with any of these items,
notwithstanding any other items defined in the Code of the Town of North Hempstead, may result in the temporary
suspension or permanent revocation of the permit(s) issued for construction on the premises in accordance with the Code of
the Town of North Hempstead.

Signature of Owner: _____

Sworn to me this _____ day of _____ 20_____

Signature of Notary Public _____

DO NOT WRITE BELOW – FOR OFFICE USE ONLY

Parallel Permits:	Type:	Permit Number:	Inspector:

Final Survey Received:		Electrical Certificate Number:	
Final Inspection Date:		Inspector Signature	

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Application Number: _____
(Official Use Only)

COMMERCIAL ZONING ANALYSIS SUBMISSION SHEET

[Required for submission with all Commercial Alterations, Additions and New Building Permit Applications.]

Address: _____

Section: _____ Block: _____ Lot(s): _____

Zoning District:	_____	Total Lot Area:	_____ sq. ft.
Max. Permitted Coverage:	_____ sq. ft.	Proposed Coverage:	_____ sq. ft.
Max. Permitted Coverage:	_____ %	Proposed Coverage (%):	_____ %
Front Yard Required:	_____ ft.	Front Yard Provided:	_____ ft.
Front Yard Required:	_____ ft.	Front Yard Provided (Corner)	_____ ft.
Min. Side Yard Permitted:	_____ ft.	Side Yard (1) Provided:	_____ ft.
Min. Side Yard Permitted:	_____ ft.	Side Yard (2) Provided:	_____ ft.
Rear Yard Required:	_____ ft.	Rear Yard Provided:	_____ ft.
Landscaped Buffer:	_____ ft.	Landscaped Buffer:	_____ ft.
Max. Height Permitted:	_____ ft.	Max. Height Proposed:	_____ ft.

Parking Calculations: To Be Calculated Per the Following Requirements

Retail (deduct 1,000 sf)	1 space: 300 sf	sf	spaces
Office	1 space: 200 sf	sf	spaces
Medical Office	1 space: 150 sf	sf	spaces
All Other Businesses	1 space: 300 sf	sf	spaces
Assembly	1 space: 4	sf	spaces
Warehouses/Storage	1 space: 600 sf	sf	spaces
Other	1 space:	sf	spaces
Parking Spaces Required:			spaces
Off Street Loading Bays:	1: 10,000 sf	sf	loading bays

Architect/Engineer: Business/Corporate: _____

First: _____ Last: _____ Middle: _____ Lic. _____

Street: _____ City: _____

State: _____ Zip: _____ Tel.: _____ Fax.: _____

Architect/Engineer Stamp and Original Signature MUST appear here.



Application Number: _____

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Commercial Plan Review Check List

This checklist is provided as an aid to help you through the process of plan review and receiving an approval so permits/certificates can be issued. It includes the most common omissions from commercial permit applications submitted to the Building Department. Completing it will assist in expediting your application. Since every application differs, use this Checklist as a guide. If any of the following items listed do not apply to your project, simply mark the item N/A. To receive a “Zoning Only” review on an application requiring a variance, items 1 – 10 MUST be completed.

New Construction [] Full scope [] Tenant Fit out [] Core and Shell []
Alteration / Addition [] Facade [] Parking on Grade [] Maintain []

Section: _____ Block: _____ Lot(s): _____ Date: _____

Address of Permit Activity:

Street: _____ City: _____ State: _____ Zip: _____

PLEASE NOTE: Unless otherwise indicated, all information requested must appear on the plans.

- 1.____ Historic folder review completed. The following items have been addressed:
 - a. Open permits requiring renewal or issuance of Certificates.
 - b. Site plan indicates fencing that does not have permits – gates set back 18’.
 - c. Site plan indicates structures not permitted (sheds, trailers).
 - d. BZA Decisions requiring renewal.
 - e. Prior BZA Decisions have been reviewed. Are all Conditions required by the BZA in compliance? (parking layout, landscaping, fencing, buffer zones, garbage lockers, etc.).
- (NOTE: The historic review is limited to the space where the proposed work is contemplated. If the work area is a tenant space located a large office building or shopping center a historic review of the entire building or property is not required.)
- 2.____ The following information **MUST** be provided on the FIRST page of the plan set, this information is required for the preparations and issuance of the final certificates:
 - a. ____ State the construction classification of the building as per Section 602 of the B.C. of N.Y.S.
 - b. ____ State the occupancy classification of the tenant space as per Section 302 of the B.C. of N.Y.S.
 - c. ____ State if the building has a fire sprinkler system. If so, is it required by code?
 - d. ____ State if the building has a fire alarm and type (manual or automatic). If so, is it required by code?
- 3.____ If there is a change in tenancy you **MUST** indicate on the plans if the application is a Change of Occupancy Classification OR Change of Occupancy with no Change in Occupancy Classification?
- 4.____ For Alteration applications you **MUST** indicate the Alteration Level (Level 1, 2, 3 and/or Change of Occupancy, etc.) as specified in the Existing Building Code of N.Y.S
- 5.____ If the application involves a Level 2 Alteration or greater you **MUST** provide Occupant Load calculations based on Section 1004 of the B.C. of N.Y.S.
- 6.____ Plans specifically state the nature of the business in space, not just “retail” (i.e. clothing store, real estate office, deli) If the name of the business is known please provide on plans.
- 7.____ Site plan provided indicating the location of the work being performed in the building/tenant space.
- 8.____ Parking layout provided indicating all spaces with their typical dimension and H.C. Accessible parking.
- 9.____ Parking calculations provided that indicate the previous tenant requirements and indicate new tenant requirements (calculations MUST include parking requirement for **all tenants in the entire building**).
- 10.____ Submit two (2) property surveys that show **all current existing site conditions**.
- 11.____ Indicate on the plans carbon monoxide alarms/detectors in accordance with Title 19 NYCRR section 1228.4.
- 12.____ If the plans indicate the relocation of existing and/or the installation of new Fire Sprinkler heads this requires the filing of a Fire Sprinkler Permit application and plans with T.N.H. (relocations require plans to town) and filing a Fire Sprinkler application with the N.C.F.M.
- 13.____ Received either N.C.F.M. filing receipt or T.N.H. N.C.F.M. Filing Affidavit or T.N.H. N.C.F.M. Owner Filing Affidavit for **Fire Sprinkler** application.

- 14.____ If the plans indicate the modification of an existing and/or the installation of a new Fire Alarm System this requires the filing of a Fire Alarm Permit application with the N.C.F.M.
- 15.____ Received either N.C.F.M. filing receipt or T.N.H. N.C.F.M. Filing Affidavit or T.N.H. N.C.F.M. Owner Filing Affidavit for Fire Alarm application.
- 16.____ Plans indicate the size, type & location of all required portable fire extinguisher in compliance with Section 906 of the B.C. of N.Y.S.
- 17.____ Plans demonstrate compliance with the means of egress requirements of Chapter 10 of the B.C. of N.Y.S. Provide a life safety plan indicating the egress route from the most remote point to the protected exit, demonstrating compliance with the maximum distance for a common path of egress along with total maximum distance to a protected exit.
- 18.____ Provided a Reflected Ceiling plan that indicates all ceiling heights along with ***all*** ceiling mounted objects, both existing and new (existing egress lighting, HVAC registers, exit and emergency lighting, sprinkler heads, etc.) For the lighting, HVAC diffusers, sprinkler heads and other ceiling mounted objects, please indicate them as: N – New, R – Relocated or E – Existing.
- 19.____ Plans demonstrate compliance with the lighting requirements of the code, including space lighting per section 1205 of the B.C. of N.Y.S., egress lighting including exterior discharge lighting per section 1006.1, emergency egress illumination per section 1006.3, and exit signage per section 1011
- 20.____ Plans demonstrate compliance with the accessibility requirements of Chapter 11 and ANSI A117.1-2003.
- 21.____ MECcheck, COMcheck or other means of demonstrating compliance with the energy efficiency requirements of Chapter 13 and the N.Y.S. Energy Construction Conservation Code.
- 22.____ If a statement of special inspections has been provided by the Design Professional ensure all content required by section 1705.2 of the B.C. of N.Y.S. has been included and provide the special inspectors name and qualifications of this special inspector demonstrating their competence to perform inspections as per Table 1704.1.
- 23.____ Plans indicate all required plumbing fixtures and demonstrate compliance with all aspects of the applicable sections of Chapter 4 of the Plumbing Code of N.Y.S.
- 24.____ If the plans indicate the installation of new plumbing fixtures, this requires the submission of a Plumbing Permit Application with Plumbing Riser diagram.
- 25.____ If the plans indicate the installation of new gas appliances and/or gas piping, this requires the submission of a Gas Permit Application with a Gas Riser diagram.
- 26.____ Plans demonstrate compliance with the mechanical and/or natural ventilation requirements of Section 1203 of the B.C. of N.Y.S. and Chapter 4 of the Mechanical Code of N.Y.S.
- 27.____ If the plans indicate the relocation of existing and/or installation of new HVAC equipment and/or ductwork, registers, this requires the submission of an HVAC Permit Application.
- 28.____ If any new HVAC units are proposed do the plans indicate they will be supported? (roof curbs, dunnage). If steel dunnage is utilized, has the dunnage been indicated on the plans? You **MUST** submit an ORIGINAL Certification Letter from a N.Y.S. Licensed Design professional indicating that he/she has personally inspected the conditions on site and that the roof structure/roof curb/dunnage is able to support the additional load of the HVAC unit(s).
- 29.____ If the application is a Maintain, has an ORIGINAL Electrical Inspection Certificate been submitted?
- 30.____ If the application is a Maintain, has the Design Professional submitted and ORIGINAL Maintain Certification Letter?
- 31.____ If Commercial cooking equipment indicated, the plans must indicate the commercial exhaust hood and fire suppression system. The applicant must also provide a copy of the approval for this system from the N.C.F.M.
- 32.____ If any signage will be installed as part of the proposed construction you must file a Sign Permit Application for each sign being proposed.

<div>Licensed Design Professional</div> <div>Business / Corporation: _____</div> <div>Name: Last: _____ First: _____</div> <div>License Number: _____</div> <div>Address: Street: _____ City: _____</div> <div> State: _____ Zip: _____</div> <div>Phone: _____ Fax: _____</div>	<div>Licensed Design Professional’s Stamp and Original Signature must appear here</div>
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